Medicare Learning Network
MLN Matters
CMS Centers for Medicare & Medicaid Services
Information for Medicare Fee-for-Service Health Care Professionals

NEWS FLASH	Flu Shot Reminder Flu season is here! Medicare patients give many reasons for not getting their flu shot, including—"It causes the flu; I don't need it; it has side effects; it's not effective; I didn't think about it; I don't like needles!" The fact is that out of the average 36,000 people in the U.S. who die each year from influenza and complications of the virus, greater than 90 percent of deaths occur in persons 65 years of age and older. You can help your Medicare patients overcome these odds and their personal barriers through patient education. Talk to your Medicare patients about the importance of getting their annual flu shot--and don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot. Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website: http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf.

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Related Change Request (CR) #: 5356
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Related CR Transmittal #: R1082CP
Implementation Date: January 2, 2007

Annual Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement

Provider Types Affected

Physicians, suppliers, and providers who bill Medicare contractors (Fiscal Intermediaries (FIs), Carriers, Durable Medical Equipment Regional Carriers (DMERC), regional home health intermediaries (RHHIs), and DME Medicare Administrative Contractors (DME MACs) and Part A/B Medicare Administrative Contractors (A/B MACs)) for medical supply or therapy services.

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of Healthcare Common Procedure Codes System (HCPCS) codes subject to the consolidated billing provision of the Home Health Prospective Payment System (HH PPS). This article provides the annual HH consolidated billing update effective January 1, 2007. Affected providers may note the changes in the table listed within this article or consult the instruction issued to the Medicare contractors as listed in the *Additional information* section of this article.

Background

Section 1842(b)(6) of the Social Security Act (SSA) requires that payment for home health services provided under a home health plan of care be made to the home health agency (HHA.) As a result, billing for all such items and services is to be made by a single HHA overseeing that plan. This HHA is known as the primary agency for HH PPS for billing purposes. Services appearing on this list that are submitted on claims to Medicare contractors will not be paid separately on dates when a beneficiary for whom such a service is being billed is in a home health episode (i.e., under a home health plan of care administered by an HHA). Exceptions include the following:

- Therapies performed by physicians;
- Supplies incidental to physician services; and
- Supplies used in institutional settings.

Medicare periodically publishes Routine Update Notifications, which contain updated lists of non-routine supply and therapy codes that must be included in HH consolidated billing. The lists are always updated annually, effective January 1, as a result of changes in HCPCS codes that Medicare also publishes annually. This list may also be updated as frequently as quarterly if required by the creation of new HCPCS codes during the year.

Key Points

CR5356 provides the annual HH consolidated billing update effective January 1, 2007. The following tables describe the HCPCS codes and the specific changes to each that this notification is implementing on January 2, 2007.

Table 1: Non Routine Supplies

Code	Description	Action	Replacement Code or Code being Replaced
A4213	Syringe, Sterile, 20 CC or Greater	Add	
A4215	Needle, Sterile, Any Size, Each	Add	
A4348	Male External Catheter with Integral Collection Compartment, Extended Wear, Each (e.g., 2 per month)	Delete	
A4359	Urinary Suspensory without Leg Bag	Delete	
A4244	Alcohol or Peroxide, per Pint	Add	
A4245	Alcohol Wipes, per Box	Add	

A4246	Betadine or Phisohex Solution, per Pint	Add	
A4247	Betadine or Iodine Swabs/Wipes, per Box	Add	
A4461	Surgical Dressing Holder, Non-reusable, Each	Add	Replaces code: A4462
A4462	Abdominal Dressing Holder, Each	Delete	Replacement code: A4461 and A4463
A4463	Surgical Dressing Holder, Reusable, Each	Add	Replaces code: A4462
A4932	Rectal Thermometer, Reusable, Any Type, Each	Add	
A6412	Eye Patch, Occlusive, Each	Add	

Table 2: Therapies

Code	Description	Action	Replacement Code or Code being Replaced
97020	Application Microwave	Delete	Replacement Code: 97024
97024	Application of a Modality to One or More Areas: Diathermy (e.g., Microwave)	Redefine	Replaces code: 97020
97504	Orthotic(s) Fitting and Training, Upper Extremity(ies), Lower Extremity(ies), and/or Trunk, Each 15 Minutes	Delete	Replacement code: 97760
97520	Prosthetic Training, Upper and/or Lower Extremity(ies), Each 15 Minutes	Delete	Replacement code: 97761
97703	Checkout for Orthotic/Prosthetic Use, Established Patient, Each 15 Minutes	Delete	Replacement code: 97762
97760	Orthotic(s) Management and Training (Including Assessment and Fitting when not Otherwise Reported), Upper Extremity(s),	Add	Replaces code: 97504

	Lower Extremity(s) and/or Trunk, Each 15 Minutes		
97761	Prosthetic Training, Upper and/or Lower Extremity(s), Each 15 Minutes	Add	Replaces code: 97520
97762	Checkout for Orthotic/Prosthetic Use, Established Patient, Each 15 Minutes	Add	Replaces code: 97703

Additional Information

If you have questions, please contact your Medicare FI, carrier, A/B MAC, DMERC, RHHI, or DME MAC at their toll-free number which may be found at: http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip on the CMS website.

For complete details regarding this CR please see the official instruction issued to your Medicare FI, carrier, A/B MAC, DMERC, RHHI, or DME MAC. That instruction may be viewed by going to http://www.cms.hhs.gov/Transmittals/downloads/R1082CP.pdf on the CMS web site.

A complete historical listing of codes subject to HH consolidated billing can be found at http://www.cms.hhs.gov/HomeHealthPPS/03_coding&billing.asp on the CMS web site.

To review the Medicare regulations discussed in this article see the Medicare Claims Processing Manual Chapter 10, Section 10.1.25 at http://www.cms.hhs.gov/manuals/downloads/clm104c10.pdf on the CMS website.